



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8668

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/814,966 | FILING OR 371(c) DATE 03/30/2004 RULE | CLASS 435 | GROUP ART UNIT 1636 | ATTORNEY DOCKET NO. ONCOSIS.001CP5 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Manfred R. Koller, San Diego, CA;
 Elie G. Hanania, San Diego, CA;
 Timothy M. Eisfeld, San Diego, CA;
 Bernhard O. Palsson, La Jolla, CA;

**** CONTINUING DATA *******

This application is a CON of 09/961,691 09/21/2001 PAT 6,753,161 which is a CIP of 09/728,281 11/30/2000 PAT 6,514,722
 which is a CIP of 09/451,659 11/30/1999 PAT 6,534,308
 which is a CIP of 09/049,677 03/27/1998 PAT 6,143,535
 which is a CIP of 08/824,968 03/27/1997 PAT 5,874,266

**** FOREIGN APPLICATIONS *******

(NEW)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 06/08/2004**

| | | | | | |
|--|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____ | STATE OR COUNTRY CA | SHEETS DRAWING 10 | TOTAL CLAIMS 70 | INDEPENDENT CLAIMS 4 |
|--|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|

ADDRESS

20995

TITLE

Optoinjection methods

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED 1158 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------------|---|---|